

SUICIDE

Do You Know These Facts About Suicide in Utah?

- ❖ Utah had the 7th highest suicide rate in the nation for the years 1999-2002.¹
- ❖ Suicide is the second leading cause of death for Utah males ages 10-44.
- ❖ 4 times as many males as females commit suicide. However, more females attempt suicide than males.
- ❖ On average, 310 Utah residents die, 890 are hospitalized, and 3,240 are treated in emergency departments* (ED) because of suicide and attempted suicide each year.

1999-2003 UTAH SUICIDE DATA

SCOPE OF THE PROBLEM

WHAT

- 1,563 deaths.
- 4,447 hospitalizations.
- 16,175 ED visits.*

WHO

- Death and hospitalization rates were highest in the 35-44 year age group.
- ED visit* rates were highest in the 15-24 year age group.
- Males sustained 81% of deaths, 40% of hospitalizations, and 36% of ED visits.*
- 65% of Utah male youth suicide completers had been diagnosed with a psychiatric disorder such as depression and 63% had contact with the juvenile justice system — most for multiple minor offenses.²
- Not all youth suicide completers meet this profile. Some are high achievers and are socially active.

WHEN

- Suicide rates are lowest in the winter and highest in the spring.¹

WHERE

- Rural Utah had a higher rate of suicide and attempted suicide than Urban Utah.

HOW

- The most common methods for suicide death were: firearm (55%), poisoning (22%) and hanging/suffocation (19%).
- 91% of self-inflicted injury hospitalizations and 78% of self-inflicted injury ED visits* in Utah were due to poisoning.

WHAT TO DO IF YOU THINK SOMEONE IS SUICIDAL³

- Trust your instincts that the person may be in trouble. Talk with the person about your concerns.
- Be willing to listen. Allow expression of feelings. Accept the feelings.
- Be non-judgmental. Do not debate whether suicide is right or wrong, or feelings are good or bad. Do not lecture on the value of life.
- Get involved. Be available. Show interest and support.
- Do not leave the person alone.
- Do not agree to secrecy.
- Do not dare the person to do it.
- Offer hope that alternatives are available.
- Take action. Remove means, such as guns or stockpiled pills.
- Get professional help, even if the person resists.
- Contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).



PREVENTION INFORMATION

Risk Factors⁴

- Previous suicide attempt
- Mental disorders—particularly depression
- Substance abuse
- Feelings of hopelessness
- Relational, social, work, or financial loss
- Chronic or terminal physical illness
- Easy access to firearms
- Unwillingness to seek help because of stigma attached to mental and substance abuse disorders
- Influence of significant people (family members, celebrities, peers) who have died by suicide
- Cultural and religious beliefs regarding the acceptability of suicide
- Social isolation
- Family violence, including physical or sexual abuse

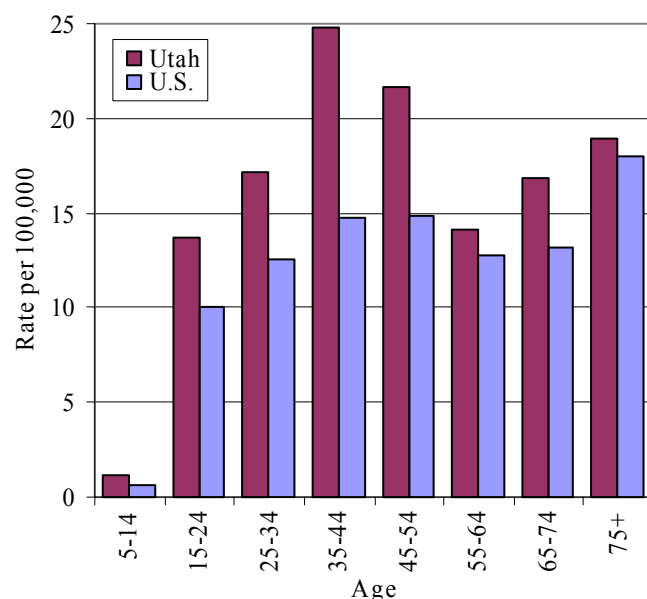
Protective Factors⁴

- Effective clinical care for mental disorders
- Effective care for physical and substance abuse
- Easy access to a variety of clinical interventions and support for help seeking
- Firearms not present in home⁵
- Restricted access to firearms
- Family and community support
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide

Top 10 States for Suicide Death Rate per 100,000 Population, 1999-2002¹

Rank	State	Age-adjusted Rate
1	Nevada	20.03
2	New Mexico	18.97
3	Alaska	18.80
4	Montana	18.58
5	Wyoming	18.58
6	Arizona	15.64
7	Utah	15.20
8	Colorado	15.19
9	Idaho	14.97
10	Oklahoma	14.56

Utah vs. U.S.¹ Suicide Death Rates, by Age, 1999-2002



A Permanent Fix to a Temporary Problem

Adverse life events in combination with other risk factors, such as mental disorders and substance abuse, may lead to suicide. However, suicide and suicidal behavior are not normal responses to stress. Many people have one or more risk factors and are not suicidal.⁶

1 National Center for Injury Prevention and Control.

2 *J Am Acad Child Adolesc Psychiatry*. 2002 Apr;41(4):427-34.

3 American Association of Suicidology.

4 U.S. Public Health Service. *Surgeon General's Call to Action to Prevent Suicide*. Washington, DC: 1999.

5 *Am J Epidemiol*. 2004 Nov 15;160(10):929-36.

6 *Am J Dis Child*. 1993 Oct;147(10):1066-71.

* Emergency Department Visits include people that were later hospital admissions.

All other data from Utah Department of Health, <http://ibis.health.utah.gov>.